
State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Filing at a Glance

Companies: American Home Assurance Company
Commerce and Industry Insurance Company

Product Name: Psychoanalysts Professional Liability Program 018300000530

State: Illinois

TOI: 11.1 Med Mal-Occurrence Only

Sub-TOI: 11.1029 Other

Filing Type: Rate

Date Submitted: 09/12/2013

SERFF Tr Num: AGNY-129180104

SERFF Status: Closed-Filed

State Tr Num: AGNY-129180104

State Status: Under Review

Co Tr Num: CHS-12-EO-03

Effective Date: 10/15/2013

Requested (New):

Effective Date: 10/15/2013

Requested (Renewal):

Author(s): Myron Harry

Reviewer(s): Gayle Neuman (primary), Julie Rachford

Disposition Date: 03/04/2014

Disposition Status: Filed

Effective Date (New): 11/15/2013

Effective Date (Renewal): 11/15/2013

State Filing Description:
ROUTED 9/16/13

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

General Information

Project Name: Psychoanalysts Professional Liability Program Status of Filing in Domicile:
Project Number: CHS-12-EO-03 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/04/2014
State Status Changed: 02/07/2014 Deemer Date:
Created By: Myron Harry Submitted By: Myron Harry
Corresponding Filing Tracking Number:

Filing Description:

The referenced Companies submit for your review and approval revised rates, to be used with their Psychoanalysts Professional Liability Insurance Program. The current rates for this Program are on file with your Department under our filing no. CHS-11-EO-08 (SERFF Tracking Number AGNY- 127104827). Please be advised that the attached rate pages will replace those currently on file with your Department.

Please refer to the attached actuarial material and blackline copy of the rate pages for information about the revisions included in this submission.

Please be advised that ISO is our statistical reporting Agency.

Your favorable consideration and approval are respectfully requested.

Company and Contact

Filing Contact Information

Myron Harry, myron.harry@aig.com
12 Metrotech, 27th Floor 718-250-1771 [Phone]
Brooklyn, NY 11201 718-250-1779 [FAX]

Filing Company Information

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
175 Water Street	Group Code: 12	Company Type:
New York, NY 10038	Group Name:	State ID Number:
(212) 458-5000 ext. [Phone]	FEIN Number: 13-5124990	

Commerce and Industry Insurance Company	CoCode: 19410	State of Domicile: New York
175 Water Street	Group Code:	Company Type:
New York, NY 10038	Group Name:	State ID Number:
(212) 458-5000 ext. [Phone]	FEIN Number: 13-1938623	

Filing Fees

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm):

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.":

Acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A Rates Filing

State:	Illinois	First Filing Company:	American Home Assurance Company, ...
TOI/Sub-TOI:	11.1 Med Mal-Occurrence Only/11.1029 Other		
Product Name:	Psychoanalysts Professional Liability Program 018300000530		
Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	03/04/2014	03/04/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Kathi Frye	11/18/2013	11/18/2013

Response Letters

Responded By	Created On	Date Submitted
Myron Harry	11/19/2013	11/19/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter - Implementing Filing	Myron Harry	11/15/2013	11/15/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Psychoanalysts PL Program - CHS-12-EO-03	Note To Reviewer	Myron Harry	03/04/2014	03/04/2014
effective date	Note To Filer	Gayle Neuman	03/04/2014	03/04/2014
Actuarial Review	Reviewer Note	Julie Rachford	03/03/2014	

State:	Illinois	First Filing Company:	American Home Assurance Company, ...
TOI/Sub-TOI:	11.1 Med Mal-Occurrence Only/11.1029 Other		
Product Name:	Psychoanalysts Professional Liability Program 018300000530		
Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Disposition

Disposition Date: 03/04/2014
Effective Date (New): 11/15/2013
Effective Date (Renewal): 11/15/2013
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Home Assurance Company	5.700%	3.000%	\$16,290	130	\$543,000	3.000%	3.000%
Commerce and Industry Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	5.700%
Overall Percentage Rate Impact For This Filing	3.000%
Effect of Rate Filing-Written Premium Change For This Program	\$16,290
Effect of Rate Filing - Number of Policyholders Affected	130

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Blacklined copy of Rates Page		Yes
Supporting Document	Cover Letter - Implementing Filing		Yes
Rate	IL Rate Page (8/2013)		Yes

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/18/2013
Submitted Date	11/18/2013
Respond By Date	11/25/2013

Dear Myron Harry,

Introduction:

We have received your letter dated November 15, 2013, advising the Department that under the Use and File Law you are implementing this filing.

Did you use your original requested effective date of October 15, 2013, for both new and renewal business? Please advise.

Conclusion:

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Kathi Frye

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2013
Submitted Date	11/19/2013

Dear Gayle Neuman,

Introduction:

In response to your comment letter dated November 18, 2013, we offer the following:

Response 1

Comments:

Please be advised that we would be using a November 15, 2013 effective date for both new and renewals.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Myron Harry

Sincerely,

Myron Harry

State:	Illinois	First Filing Company:	American Home Assurance Company, ...
TOI/Sub-TOI:	11.1 Med Mal-Occurrence Only/11.1029 Other		
Product Name:	Psychoanalysts Professional Liability Program 018300000530		
Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Amendment Letter

Submitted Date: 11/15/2013

Comments:

Attached please find a cover letter implementing filing.

Myron Harry

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter - Implementing Filing
Comments:	Attached please find cover letter implementing filing.
Attachment(s):	Cover Letter - Implementing Filing.pdf

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Note To Reviewer

Created By:

Myron Harry on 03/04/2014 08:27 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/04/2014 08:52 AM

Subject:

Psychoanalysts PL Program - CHS-12-EO-03

Comments:

Ms. Neuman,

In response to your request dated March 4, 2013, please be advised that we have implemented this filing effective as of November 15, 2013. If possible, could we have an effective date of November 15, 2013? Thank you.

Myron Harry

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Note To Filer

Created By:

Gayle Neuman on 03/04/2014 07:52 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/04/2014 08:52 AM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of this filing. You previously requested the filing be effective October 15, 2013. Was the filing put in effect on that date or do you wish to have a different effective date? Your prompt response is appreciated.

State: Illinois **First Filing Company:** American Home Assurance Company, ...
TOI/Sub-TOI: 11.1 Med Mal-Occurrence Only/11.1029 Other
Product Name: Psychoanalysts Professional Liability Program 018300000530
Project Name/Number: Psychoanalysts Professional Liability Program/CHS-12-EO-03

Reviewer Note

Created By:

Julie Rachford on 03/03/2014 03:04 PM

Last Edited By:

Gayle Neuman

Submitted On:

03/04/2014 08:52 AM

Subject:

Actuarial Review

Comments:

Actuarial review complete.

State:	Illinois	First Filing Company:	American Home Assurance Company, ...
TOI/Sub-TOI:	11.1 Med Mal-Occurrence Only/11.1029 Other		
Product Name:	Psychoanalysts Professional Liability Program 018300000530		
Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 3.000%

Effective Date of Last Rate Revision: 06/01/2010

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Home Assurance Company	5.700%	3.000%	\$16,290	130	\$543,000	3.000%	3.000%
Commerce and Industry Insurance Company	%	%				%	%

State:	Illinois	First Filing Company:	American Home Assurance Company, ...
TOI/Sub-TOI:	11.1 Med Mal-Occurrence Only/11.1029 Other		
Product Name:	Psychoanalysts Professional Liability Program 018300000530		
Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		IL Rate Page (8/2013)	Pages 1 - 2	Replacement	AGNY-127104827	IL Rates Page (8-13) (3).pdf

**AMERICAN HOME ASSURANCE COMPANY
COMMERCE AND INDUSTRY INSURANCE COMPANY
PSYCHOANALYSTS PROFESSIONAL LIABILITY
ILLINOIS**

I. PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES

LIMITS OF LIABILITY	RATE
\$200,000\600,000	2,467
\$1,000,000\1,000,000	4,070
\$1,000,000\3,000,000	4,487
\$2,000,000\2,000,000	4,846
\$2,000,000\3,000,000	4,981
\$2,000,000\4,000,000	5,116
\$2,000,000\5,000,000	5,250
\$2,000,000\6,000,000	5,385
\$3,000,000\3,000,000	5,383
\$3,000,000\4,000,000	5,517
\$3,000,000\5,000,000	5,652
\$4,000,000\4,000,000	5,803
\$4,000,000\5,000,000	5,938
\$5,000,000\5,000,000	6,167

II. SOCIAL WORKERS AND OTHER MENTAL HEALTH PROFESSIONALS

LIMITS OF LIABILITY	RATE
\$1,000,000\1,000,000	262
\$1,000,000\3,000,000	299
\$1,000,000\4,000,000	311
\$2,000,000\2,000,000	305
\$2,000,000\4,000,000	318

III. SCHOOL/INSTITUTE/SOCIETY RATES

A. SCHOOL/INSTITUTE

LIMITS OF LIABILITY	RATES BASED ON OUTPATIENT VISITS
\$100,000/\$300,000	0.509 first 5,000 visits
	0.407 next 3,000 visits
	0.367 next 8000 visits and over
\$500,000/\$500,000	0.652 first 5,000 visits
	0.521 next 3,000 visits
	0.469 next 8000 visits and over
\$1,000,000/\$1,000,000	0.754 first 5,000 visits
	0.603 next 3,000 visits
	0.543 next 8000 visits and over
\$1,000,000/\$3,000,000	1.240 first 5,000 visits
	0.992 next 3,000 visits
	0.893 next 8000 visits and over

Minimum Policy Premium - \$750 for \$1,000,000/\$1,000,000
\$1,000 for \$1,000,000/\$3,000,000

B. SOCIETIES

LIMITS OF LIABILITY	PREMIUM
\$500,000/\$500,000	345
\$1,000,000/\$1,000,000	530
\$1,000,000/\$3,000,000	796

IV. ADDITIONAL COVERAGES

ECT - Electroconvulsive Therapy Coverage - An additional charge of 25%
 Part-Time Psychoanalysts- 50% for psychoanalysts practicing 20 hours or less per week

V. ADDITIONAL INSURED CHARGES:

Landlord: 20% of the policy premium
 Corporation with Other Employees: 40% of the policy premium
 Additional Insured: 20% of the policy premium. Only applies to School/Institute/Society

VI. ADMINISTRATIVE HEARING**INCREASED LIMITS****RATE**

\$10,000

\$175

\$25,000

\$500

\$50,000

\$835

VII. CORPORATE IDENTITY PROTECTION COVERAGE**Increased Limit Option 1:**

CIP Coverage Sublimit	\$25,000	
a. Personal Identity Liability Sublimit	\$25,000	for all personal identity events
b. Administrative Action Sublimit	\$25,000	for all administrative expenses
c. Identity Event Services Sublimit	\$25,000	for all notification costs, crisis expenses and post event services
CIP Retention	\$500	each personal identity event
CIP Additional Premium	\$150	

Increased Limit Option 2:

CIP Coverage Sublimit	\$50,000	
a. Personal Identity Liability Sublimit	\$50,000	for all personal identity events
b. Administrative Action Sublimit	\$50,000	for all administrative expenses
c. Identity Event Services Sublimit	\$50,000	for all notification costs, crisis expenses and post event services
CIP Retention	\$500	each personal identity event
CIP Additional Premium	\$300	

Increased Limit Option 3:

CIP Coverage Sublimit	\$100,000	
a. Personal Identity Liability Sublimit	\$100,000	for all personal identity events
b. Administrative Action Sublimit	\$100,000	for all administrative expenses
c. Identity Event Services Sublimit	\$100,000	for all notification costs, crisis expenses and post event services
CIP Retention	\$500	each personal identity event
CIP Additional Premium	\$600	

VIII. Separate Premise Liability

Premises Liability Aggregate Limit	\$10,000
Each Occurrence Limit	\$10,000

Additional Premium: \$N/A

Premises Liability Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000

Additional Premium: \$171

State:	Illinois	First Filing Company:	American Home Assurance Company, ...
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Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	Attached please find an Explanatory Memorandum and Actuarial Exhibits.
Attachment(s):	IL-Psychoanalysts-Actuarial Exs-09-2013.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Form RF3 - (Summary Sheet)
Comments:	Attached please find an Illinois Summary Sheet - RF-3.
Attachment(s):	IL Summary Sheet - RF-3 (3) 9-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	Attached please find an Illinois Certification.
Attachment(s):	IL Certification1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Manual
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Request to Maintain Data as Trade Secret Information
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Blacklined copy of Rates Page
Comments:	Attached please find a blacklined copy of the Rates Page.
Attachment(s):	IL Rates Page - blacklined copy 2.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	AGNY-129180104	State Tracking #:	AGNY-129180104	Company Tracking #:	CHS-12-EO-03
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State:	Illinois	First Filing Company:	American Home Assurance Company, ...
TOI/Sub-TOI:	11.1 Med Mal-Occurrence Only/11.1029 Other		
Product Name:	Psychoanalysts Professional Liability Program 018300000530		
Project Name/Number:	Psychoanalysts Professional Liability Program/CHS-12-EO-03		

Satisfied - Item:	Cover Letter - Implementing Filing
Comments:	Attached please find cover letter implementing filing.
Attachment(s):	Cover Letter - Implementing Filing.pdf
Item Status:	
Status Date:	

**American Home Assurance Company
Commerce and Industry Insurance Company
Psychoanalysts**

**Explanatory Memorandum
ILLINOIS**

The above captioned companies are proposing to increase the base rate for Psychoanalysts Professional Liability by 3.0%.

Exhibit 1: CALCULATION OF INDICATED RATE LEVEL CHANGE

Ultimate developed, trended and on-level results are shown for countrywide and state loss experience for this program. Countrywide and state earned premiums have been adjusted to each state's present rate level by using the standard parallelogram method. Incurred Losses and Lae are trended to one year past the proposed effective date, in order to reflect changes in frequency and severity subsequent to the experience period. The indicated rate level change is based on a comparison of the credibility weighted loss ratio to the expected loss ratio. An offset for investment income is applied to the calculation of the target profit & contingency. The calculation of profit is based on the company's target rate of return of 11%.

Exhibit 2: DEVELOPMENT OF REPORTED INCURRED LOSS AND LAE TO ULTIMATE

Countrywide and state calculation of ultimate loss and LAE ratios are shown for the most recent five years. Ratios are based on calendar year earned premiums and accident year ultimate loss and LAE, including unallocated LAE (Exhibit 6).

Exhibit 3: INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year Loss and Allocated Loss Adjustment Expense experience for Psychoanalysts Professional Liability is shown as of 3/2013, along with age to age factors and the corresponding age to ultimate development factors (Exhibit 3A). These factors are then applied to the countrywide Exhibit 3B and state Exhibit 3C loss experience for Psychoanalysts.

Exhibit 4: TREND ANALYSIS

Calculation of annual frequency/severity trend is based on the most recent policy year experience for Healthcare Professional Liability. The least squares method has been used to measure the average change in frequency and severity. The trend period extends from the midpoint of each accident year to one year beyond the assumed effective date.

Exhibit 5: EXPENSE PROVISIONS AND DETERMINATION OF EXPECTED LOSS RATIO

Expense provisions are based on the expenses found for Medical Malpractice in the American Home/National Union Group Insurance Expense Exhibit. The commission expense is program specific. The expected loss & lae ratio is the complement of the total expenses and profit load. The profit & contingency factor has been calculated based on a target rate of return on equity of 11%.

Exhibit 6: DETERMINATION OF UNALLOCATED LOSS ADJUSTMENT EXPENSE FACTOR

The unallocated loss adjustment expense provision is determined using data from the Healthcare cost statements for the five most recent years. The factor is expressed as a percentage of total incurred losses and allocated loss adjustment expense.

Exhibit 7: INVESTMENT INCOME EXHIBITS

The investment income exhibits are based on American Home/ National Union Group's Annual Statement experience and incorporate the Medical Malpractice premium and program budgeted expense provisions to determine an indicated investment income offset. The calendar year method was used to determine investment income.

AMERICAN HOME/NATIONAL UNION GROUP
PSYCHOANALYSTS
(\$ IN 000'S)
DETERMINATION OF RATE LEVEL INDICATION

Exhibit 1

ILLINOIS

	Accident Year	(1) Basic Limits Premium at Present Rates (Note A)	(2) Basic Limits Ultimate Loss & LAE (Exhibit 2)	(3)=(2)/(1) Ultimate Loss & LAE Ratio	(4) Trend Factor (Exhibit 4) (Note B)	(5)=(3)*(4) Trended Loss & LAE Ratio	Weight
	COUNTRYWIDE						
(1)	2008	5,159	1,968	0.381	1.357	0.517	
(2)	2009	5,242	2,248	0.429	1.292	0.554	
(3)	2010	4,943	833	0.169	1.230	0.207	0.20
(4)	2011	5,034	2,101 (E)	0.417	1.172	0.489	0.30
(5)	2012	4,965	2,632 (E)	0.530	1.116	0.592	0.50

ILLINOIS

(1)	2008	477	159	0.333	1.357	0.451	
(2)	2009	477	26	0.054	1.292	0.070	
(3)	2010	476	33	0.069	1.230	0.085	0.20
(4)	2011	481	214 (E)	0.445	1.172	0.522	0.30
(5)	2012	489	257 (E)	0.525	1.116	0.586	0.50

	ILLINOIS	CW
(6) Weighted Average Ultimate Trended Loss and LAE Ratio	0.467	0.484
(6a) Credibility Weights (Note C):	0.077	0.213
(6b) Credibility Weighted Ultimate Loss & LAE Ratio (Note D):	0.664	
(7) Target Loss & LAE Ratio [Exhibit 5]	0.629	
(8) Indicated Rate Level Change [(6b)/7] - 1	5.7%	
(9) Selected Rate Level Change	3.0%	

NOTES:

- (A) The calculation of premium at present rates is done using the parallelogram method.
(B) Trend periods extend from the midpoint of each accident year to one year past the assumed effective date. (Exhibit 4).
(C) The credibility standard is 683 claims for the experience period.
State Credibility = Square Root(4/683) CW Credibility = Square Root(31/683)
(D) Credibility Weighted Ultimate Loss & LAE Ratio =
[State(6)*State(6a) + CW(6)*CW(6a) + { 1 - State (6a) - CW(6a) } * Trended ELR]
(E) Bornheutter-Ferguson Methodology used to develop ultimate loss & lae, i.e.,
Ultimate Loss & LAE=EPXELRX[1-1/LDF] + reported incurred loss & lae

PSYCHOANALYSTS

(\$ IN 000'S)

DETERMINATION OF ULTIMATE LOSS AND LOSS ADJUSTMENT EXPENSE RATIOS

ILLINOIS

	(1)	(2)	(3)	(4)=(2)*(3)	(5)=(4)/(1)
Accident Year	Basic Limits Earned Premium	Basic Limits Reported Incurred Loss & ALAE (Exhibit 3)	Loss Development Factors (Exhibit 3A)	Ultimate Loss & L.A.E. (Incl. 0.7% Unalloc L.A.E.)	Ultimate Loss & L.A.E. Ratio
COUNTRYWIDE					
2008	5,018	1,415	1.380	1,968	0.392
2009	5,163	1,385	1.611	2,248	0.435
2010	4,849	421	1.965	833	0.172
2011	4,949	97	2.691	262	0.053
2012	4,907	24	5.846	144	0.029
Total	24,887	3,343		5,455	0.219

ILLINOIS

2008	452	114	1.380	159	0.352
2009	461	16	1.611	26	0.056
2010	464	17	1.965	33	0.070
2011	480	23	2.691	61	0.128
2012	489	0	5.846	0	0.000
Total	2,346	169		279	0.119

AMERICAN HOME/NATIONAL UNION GROUP

Exhibit 3A

Healthcare Professional Liability

(\$ in 000'S)

COUNTRYWIDE
BASIC LIMITS INCURRED LOSSES & LOSS ADJUSTMENT EXPENSE AS OF 3/2013

Accident Year	3	15	27	39	51	63	75	87	99	111
2004	1,125	12,546	32,188	48,757	57,858	65,713	67,684	70,601	72,650	73,391
2005	973	19,619	31,428	41,441	56,460	65,079	69,694	72,491	73,905	
2006	2,103	14,345	35,858	57,071	69,562	74,647	84,403	89,406		
2007	654	16,595	40,343	55,192	63,995	72,146	76,265			
2008	1,535	22,338	41,101	53,253	66,197	79,841				
2009	990	18,629	53,748	69,516	82,699					
2010	995	25,381	48,519	62,541						
2011	2,790	23,587	49,292							
2012	1,655	20,805								
2013	1,507									

INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year	3-15	15-27	27-39	39-51	51-63	63-75	75-87	87-99	99-111	111-ULT
2004	11.153	2.566	1.515	1.187	1.136	1.030	1.043	1.029	1.010	
2005	20.168	1.602	1.319	1.362	1.153	1.071	1.040	1.020		
2006	6.820	2.500	1.592	1.219	1.073	1.131	1.059			
2007	25.368	2.431	1.368	1.160	1.127	1.057				
2008	14.552	1.840	1.296	1.243	1.206					
2009	18.815	2.885	1.293	1.190						
2010	25.503	1.912	1.289							
2011	8.453	2.090								
2012	12.572									
Weighted Average	13.560	2.173	1.369	1.220	1.138	1.074	1.048	1.024	1.010	
4 Yr Wtd Average	13.747	2.142	1.309	1.202	1.139	1.074				
3 Yr Wtd Average	12.825	2.242	1.293	1.196	1.135	1.087	1.048			
2 Yr Wtd Average	9.986	1.997	1.291	1.213	1.167	1.095	1.051	1.024		
Selected Age-to-Age Ultimate Factors		2.173	1.369	1.220	1.167	1.095	1.051	1.045	1.040	
		5.846	2.691	1.965	1.611	1.380	1.261	1.200	1.148	1.104

PSYCHOANALYSTS

(\$ in 000'S)

COUNTRYWIDE

BASIC LIMITS INCURRED LOSSES & LOSS ADJUSTMENT EXPENSE AS OF 3/2013

Accident Year	3	15	27	39	51	63	75	87	99	111
2004	0	21	189	335	724	677	877	811	900	858
2005	0	109	126	187	179	247	603	1,192	1,418	
2006	0	131	179	543	1,877	2,622	2,684	2,758		
2007	0	36	165	356	591	1,696	1,716			
2008	0	191	272	686	1,047	1,415				
2009	0	274	390	691	1,385					
2010	0	8	185	421						
2011	0	37	97							
2012	0	24								
2013	0									

INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year	3-15	15-27	27-39	39-51	51-63	63-75	75-87	87-99	99-111
2004	1.000	9.170	1.774	2.160	0.936	1.295	0.925	1.109	0.954
2005	1.000	1.162	1.482	0.955	1.380	2.444	1.977	1.189	
2006	1.000	1.362	3.037	3.458	1.397	1.023	1.028		
2007	35996.000	4.573	2.160	1.663	2.869	1.012			
2008	1.000	1.425	2.525	1.526	1.352				
2009	924.135	1.427	1.771	2.004					
2010	1.000	22.467	2.274						
2011	1.000	2.619							
2012	1.000								
2013									
4 Yr Wtd Average	1159.412	1.853	2.129	2.153	1.619	1.122			
3 Yr Wtd Average	1.000	2.109	2.123	1.745	1.631	1.096	1.144		
2 Yr Wtd Average	1.000	6.240	1.933	1.766	1.899	1.019	1.202	1.157	

ILLINOIS

BASIC LIMITS INCURRED LOSSES & LOSS ADJUSTMENT EXPENSE AS OF 3/2013

Accident Year	3	15	27	39	51	63	75	87	99	111
2004	0	0	0	0	0	0	0	0	0	0
2005	0	0	0	0	0	56	344	346	346	
2006	0	0	20	28	13	31	14	20		
2007	0	0	2	10	130	352	352			
2008	0	1	1	1	13	114				
2009	0	101	109	112	16					
2010	0	0	0	17						
2011	0	2	23							
2012	0	0								
2013	0									

INCURRED LOSS AND LOSS ADJUSTMENT EXPENSE DEVELOPMENT

Accident Year	3-15	15-27	27-39	39-51	51-63	63-75	75-87	87-99	99-111
2004	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	1.000	1.000	1.000	1.000	1.000	6.127	1.007	1.000	
2006	1.000	1.000	1.410	0.474	2.348	0.439	1.475		
2007	1.000	1.000	6.184	13.542	2.708	1.000			
2008	1.000	1.000	2.502	10.778	8.477				
2009	1.000	1.075	1.030	0.142					
2010	1.000	1.000	1.000						
2011	1.000	10.013							
2012	1.000								
Average ex hi/lo	1.000	1.012	1.388	3.313	2.019	1.000	1.007		
4 Yr Average	1.000	3.272	2.679	6.234	3.633	2.142			
3 Yr Average	1.000	4.029	1.511	8.154	4.511	2.522	1.161		
2 Yr Average	1.000	5.507	1.015	5.460	5.593	0.720	1.241	1.000	

AMERICAN HOME/NATIONAL UNION GROUP
HEALTHCARE PROFESSIONAL LIABILITY
Calculation of Annual Trend Factor

Exhibit 4

Countrywide as of 3/2013

Total Limits Frequency Trend

(1)	(2)	(3)	(2)/(3)	(4)
Policy Year	Ultimate Cnt - Cases Claims	Number of Policies	Cnt - Cases Claims Per 100 Policies	Exponential Curve of Best Fit
2003	848	89,983	0.94217	1.00253
2004	1,029	95,418	1.07874	1.10267
2005	1,091	97,993	1.11285	1.21283
2006	1,100	95,352	1.15393	1.33398
2007	1,305	85,992	1.51703	1.46724
2008	2,261	98,474	2.29634	1.61381
2009	2,379	99,032	2.40250	1.77502
2010	1,680	95,277	1.76365	1.95234
2011	1,930	96,974	1.99024	2.14737
2012	2,126	109,511	1.94130	2.36188

Average Annual Change in Claim Frequency [R Squared = 0.71068783] 9.99%

Selected Annual Frequency Trend 8.25%

Total Limits Severity Trend

(1)	(2)	(3)	(3)/(2)	(4)
Policy Year	Ultimate Cnt - Cases Claims	Ultimate Ilae Losses	Ultimate Ilae Losses per Claim	Exponential Curve of Best Fit
2003	848	82,439	97.2	90.5
2004	1,029	71,882	69.8	85.0
2005	1,091	101,547	93.1	79.7
2006	1,100	87,687	79.7	74.8
2007	1,305	97,929	75.1	70.2
2008	2,261	111,988	49.5	65.9
2009	2,379	133,366	56.1	61.9
2010	1,680	123,037	73.2	58.1
2011	1,930	116,546	60.4	54.5
2012	2,126	97,401	45.8	51.1

Average Annual Change in Claim Severity [R Squared = 0.5762899] -6.14%

Selected Annual Severity Trend -3.00%

OVERALL COMBINED TREND [Frequency x Severity] 5.00%

Derivation of Expected Loss Ratio

(1) Target rate of return on equity	11.0%
(2) Premium to Surplus Ratio	60.6%
(3) Target rate of return on premium [(1)/(2)]	18.2%
(4) Rate of return on premium	15.2%
(5) Target underwriting profit (loss) [(3)-(4)/.65]	4.6%
(6) Total Expenses	32.5%
a. Commissions	18.50%
b. Other Acquisition	6.32%
c. General Expenses	3.99%
d. Taxes, Licenses & Fees	3.74%
(7) Expected Loss Ratio [1-(6)-(5)]	62.9%

AMERICAN HOME/NATIONAL UNION GROUP-MEDICAL MALPRACTICE							
INSURANCE EXPENSE EXHIBIT							
Countrywide Expenses (in 000's)	2010		2011		2012		3yr Weighted AVG
	\$	%	\$	%	\$	%	
Written Premium	119,798	----	115,646	----	118,704	----	----
Other Acquisition	10,341	8.63%	10,528	9.10%	7,503	6.32%	8.01%
General Expenses	3,047	2.54%	4,099	3.54%	4,734	3.99%	3.35%
Taxes, Licenses and Fees	4,002	3.34%	3,254	2.81%	4,437	3.74%	3.30%

AMERICAN HOME/NATIONAL UNION GROUP
PROFESSIONAL LIABILITY PROGRAM BUSINESS
(000's)

Exhibit 6

Determination of Unallocated Loss Adjustment Expense Provision
(SOURCE: COMPANY COST STATEMENTS)

ITEM		2008	2009	2010	2011	2012	5-year Average
(1)	Losses Paid	394,681	495,422	386,441	427,374	402,915	421,367
(2)	Changes in Unpaid Losses	131,820	-76,970	-27,918	27,403	123,426	35,552
(3)	Losses Incurred (1) + (2)	526,501	418,452	358,523	454,777	526,341	456,919
(4)	Allocated Loss Adjustment Expenses	153,081	176,711	171,774	177,872	180,838	172,055
(5)	Total Loss & ALAE (3) + (4)	679,582	595,163	530,297	632,649	707,179	628,974
(6)	Unallocated Loss Adjustment Expenses	5,545	3,331	3,448	5,687	5,522	4,707
(7)	Unallocated Loss Expense Ratio (6)/(5)	0.8%	0.6%	0.7%	0.9%	0.8%	0.7%

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES

(Explanatory Notes)

Medical Malpractice

A. UNEARNED PREMIUM RESERVE

1.	Medical Malpractice Direct Earned Premium for Calendar Year 2012		\$117,441
2.	Mean Unearned Premium Reserve [0.438* (1)] (See Notes p. 2)		51,413
3.	Deduction for Prepaid Expenses (See notes p. 2)		
	a) Commission and Brokerage	18.50%	
	b) Taxes, Licenses and Fees	3.74%	
	c) 50% of Other Acquisition Expenses	3.16%	
	d) 50% of General Expenses	1.99%	
	e) Total	27.39%	
4.	Deduction for Federal Taxes Payable (See Notes p. 2)		7.0%
5.	Net Amount Subject to Investment Income [(2) x (1.000 - (3) - (4))]		33,731

B. DELAYED REMISSION OF PREMIUMS (Agents' Balances)

1.	Direct Earned Premium [(A.1)]	117,441
2.	Average Agents' Balance (See Notes pp. 2-3)	0.147
3.	Delayed Remission [(1) x (2)]	17,233

C. LOSS RESERVE:

1.	Direct Earned Premium [(A.1)]	117,441
2.	Expected Incurred Loss and L.A.E. Reserves	@ ELR: 0.629 73,840
3.	Expected Mean Loss Reserves [3.275 x (2)] (See Notes p. 3)	241,792

D. SURPLUS

1.	Direct Written Premium	118,704
2.	Surplus Subject to Investment [(D.1)/prem to surp]	195,908

E. NET AMOUNT SUBJECT TO INVESTMENT: [(A.5) - (B.3) + (C.3) + (D.2)] 454,198

F. AVERAGE RATE OF RETURN ON INVESTED ASSETS (See Notes p. 4) 5.10%

G. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT [(E) x (F)] 23,151

H. AVERAGE RATE OF RETURN (As % of Direct Earned Premium) [(G) / (A.1)] 19.71%

I. AVERAGE RATE OF RETURN (After Federal Income Taxes) [(H) x 0.770] 15.18%

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

Line A.1

Medical Malpractice direct earned premium for calendar year 2012 as provided by American Home/National Union Group.

Line A.2

The mean direct unearned premium reserve is determined by multiplying the Medical Malpractice direct earned premium in line (A.1) by the countrywide ratio of the mean direct unearned premium reserve to the direct earned premium for 2012. See below for calculation of this ratio. This ratio is based on data for Medical Malpractice from page 15 of the Annual Statement for American Home/National Union Group

	(In 000's)
1. Direct Earned Premium for Calendar Year 2012	\$ 117,441
2. Direct Unearned Premium Reserve as of 12/31/11	50,782
3. Direct Unearned Premium Reserve as of 12/31/12	52,045
4. Mean Direct Unearned Premium Reserve 1/2 [(2) + (3)]	51,413
5. Ratio [(4) / (1)]	0.438

Line A.3

Deduction for prepaid expenses:

Production costs and a large part of the other company expenses in connection with the writing and handling of the filed insurance coverage exclusive of claim adjustment expenses, are incurred when the policy is written and before the premium is paid. Therefore, the deduction for these expenses is determined by use of the provisions for expenses used in our ratemaking procedure as shown.

Line A.4

Deduction for Federal Taxes Payable:

Taxable percentage of unearned premium reserves (Tax Reform Act of 1986):	20.0%
Corporate Tax Rate:	35.0%
Total Percentage of Unearned Premium Reserve:	7.0%

Line B.2

Delayed remission of premium:

This deduction is necessary because of delay in collection and remission of premiums beyond the effective dates of the policies. Funds for the unearned premium reserve required during the initial days of all policies must be taken from the company's surplus. (continued)

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

Line B.2 (continued)

Agents' balances or uncollected premiums for premiums due less than 90 days are calculated as follows:

	<u>(In 000's)</u>
1. Net Earned Premium for Calendar Year 2012	\$ 13,492,945
2. Net Agents' Balances as of 12/31/11	1,308,812
3. Net Agents' Balances as of 12/31/12	2,150,241
4. Mean Agents' Balances $1/2 \times [(2) + (3)]$	1,729,527
5. Ratio $[(4) / (1)]$	0.128

The above percentage must be multiplied by a factor of 1.145 to include the effect of agents' balances or uncollected premiums overdue for more than 90 days. The factor 1.145 is based on 2012 company data.

Final adjusted Agents' Balance:

0.1467

Line C.2

The expected loss and loss adjustment ratio reflects the expense provisions used in the filing.

Line C.3

The expected mean loss reserve is determined by multiplying the expected incurred losses in line (C.2) by the average countrywide ratio of the mean loss and loss adjustment reserves to the incurred losses and loss adjustment expenses in 2011 and 2012 for Medical Malpractice Insurance. This ratio is based on Annual Statement Data.

	<u>(In 000's)</u>
1. Incurred Losses and L.A.E. for Calendar Year 2011	939
2. Incurred Losses and L.A.E. for Calendar Year 2012	33,918
3. Loss Reserves and L.A.E. as of 12/31/10	526,186
4. Loss Reserves and L.A.E. as of 12/31/11	427,144
5. Loss Reserves and L.A.E. as of 12/31/12	388,712
6. Mean Loss Reserve 2011: $1/2 [(3) + (4)]$	476,665
7. Mean Loss Reserve 2012: $1/2 [(4) + (5)]$	407,928
8. Ratio $(6) / (1)$	507.550
9. Ratio $(7) / (2)$	12.027
10. Average Ratio $1/2 [(8) + (9)]$	259.788
11. Loss reserve for American Home/National Union Group, selected	3.392
12. Estimated Reserve Discount	9.9%
13. Federal Taxes Payable (% of Reserves): $(12) \times .35$	0.035
14. $(11) \times [1.0 - (13)]$	3.275

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES
(Explanatory Notes)

Medical Malpractice

Line E

The rate of return is the ratio of net investment income earned and net realized capital gains (or losses) to mean cash and invested assets (including interest, dividends, and real estate income due and accrued).

<u>Year</u>	Net Investment Income Earned (In 000's)	Mean Cash and Invested Assets (In 000's)	Rate of Return
2011	2,357,198	61,753,367	3.82%
2012	3,305,286	62,000,440	5.33%
Total	5,662,483	123,753,807	4.57%

<u>Year</u>	Realized Capital Gains (or Losses) (In 000's)	Mean Cash and Invested Assets (In 000's)	Rate of Return
2003-2012	2,958,168	565,595,166	0.52%

Total Rate of Return:

Net Investment Income Earned and Net Realized Capital Gains (or Losses)

5.10%

Line H

The average rate of Federal Income Tax was determined by applying the appropriate tax rates to the distribution of investment income earned for 2012 for the American Home/National Union Group.

	Rate of Return	Federal Income Tax Rate
Net Investment Income Earned	4.57%	0.216
Net Realized Capital Gains (or Losses)	0.52%	0.350
Total	5.10%	0.230

1.000 - Federal Income Tax Rate

0.770

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES

(Explanatory Notes)

Medical Malpractice

Line H (continued)

		Investment Income Earned	Federal Income Tax Rate
<u>Bonds</u>			
Taxable	\$	1,430,108	0.350
<u>Non-Taxable</u>		<u>479,923</u>	<u>0.026</u>
Total	\$	1,910,030	(A) 0.269
<u>Stocks</u>			
Taxable	\$	43,218	0.123
<u>Non-Taxable</u>		<u>800,000</u>	---
Total	\$	843,218	(B) 0.006
<u>Mortgage Loans and Real Estate</u>			
Mortgage Loans	\$	428	
Real Estate		0	
Collateral Loans		0	
Cash on Deposit		0	
Short Term Investments		1,109	
<u>All Other</u>		<u>617,664</u>	
Sub-Total	\$	619,201	0.350
Total	\$	3,372,449	0.218
Investment Deductions	\$	42,126	0.350
Net Investment Income Earned	\$	3,330,323	0.216

(A) Assume 50% of the income on tax-exempt bonds is subject to proration; that is, 15% of that income is taxed at the full corporate income tax rate of 35%. The applicable tax rate is thus 2.6%. $((.50 \times .15 \times .35) = .026)$

(B) 30% of dividend income is subject to the full corporate income tax rate of 35%. Assume 50% of the dividend income on stocks is subject to proration; that is, 15% of the remaining 70% of dividend income is taxed at a rate of 35%. The applicable tax rate is thus 12% $((.30 \times .35) + (.50 \times .70 \times .15 \times .35) = .123)$.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/15/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial	<hr/>	<hr/>
2. Automobile Physical Damage Private Passenger Commercial	<hr/>	<hr/>
3. Liability Other Than Auto	<hr/>	<hr/>
4. Burglary and Theft	<hr/>	<hr/>
5. Glass	<hr/>	<hr/>
6. Fidelity	<hr/>	<hr/>
7. Surety	<hr/>	<hr/>
8. Boiler and Machinery	<hr/>	<hr/>
9. Fire	<hr/>	<hr/>
10. Extended Coverage	<hr/>	<hr/>
11. Inland Marine	<hr/>	<hr/>
12. Homeowners	<hr/>	<hr/>
13. Commercial Multi-Peril	<hr/>	<hr/>
14. Crop Hail	<hr/>	<hr/>
15. <u>Other - Psychoanalysts</u>	<hr/> <u>\$543,000</u>	<hr/> <u>3%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

The companies are proposing a 3.0% base rate increase to the Psychoanalysts Professional Liability coverage.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Home/National Union Group
Name of Company

Steven R. Harris - Vice President
Official-Title

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Adam C. Reed, a duly authorized officer of the American Home/National Union Group am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.


I, Mary Gaillard, am a member of the Casualty Actuarial Society and a Member of the American Academy of Actuaries and have met the Qualification Standards of the American Academy. I am a duly authorized actuary of the American Home/National Union Group and am authorized to certify on behalf of American Home/National Union Group making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Signature and Title of Authorized Insurance Company Officer

Sp. Vice President

6/21/13 Date



Signature, Title and Designation of Authorized Actuary

Senior Actuarial Manager,
Vice President and Associate Actuary

6/13/13 Date

Insurance Company FEIN: 13-5124990, 13-1938623

Filing Number:

CHS-12-ED-03

Insurer's Address : 175 Water Street

City: New York State: New York Zip Code: 10038

Contact Person's:
-Name and E-mail RAYMON HARRY
raymon.harry@aig.com

-Direct Telephone and Fax Number: Telephone: 718-250-1771
Fax: (212) 458-7077

**AMERICAN HOME ASSURANCE COMPANY
COMMERCE AND INDUSTRY INSURANCE COMPANY
PSYCHOANALYSTS PROFESSIONAL LIABILITY
ILLINOIS**

I. PSYCHOANALYSTS PROFESSIONAL LIABILITY RATES

LIMITS OF LIABILITY	RATE
\$200,000/\$600,000	2.467
\$1,000,000/\$1,000,000	4.070
\$1,000,000/\$3,000,000	4.487
\$2,000,000/\$2,000,000	4.846
\$2,000,000/\$3,000,000	4.981
\$2,000,000/\$4,000,000	5.116
\$2,000,000/\$5,000,000	5.250
\$2,000,000/\$6,000,000	5.385
\$3,000,000/\$3,000,000	5.383
\$3,000,000/\$4,000,000	5.517
\$3,000,000/\$5,000,000	5.652
\$4,000,000/\$4,000,000	5.803
\$4,000,000/\$5,000,000	5.938
\$5,000,000/\$5,000,000	6.167

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II. SOCIAL WORKERS AND OTHER MENTAL HEALTH PROFESSIONALS

LIMITS OF LIABILITY	RATE
\$1,000,000/\$1,000,000	262
\$1,000,000/\$3,000,000	299
\$1,000,000/\$4,000,000	311
\$2,000,000/\$2,000,000	305
\$2,000,000/\$4,000,000	318

III. SCHOOL/INSTITUTE/SOCIETY RATES

A. SCHOOL/INSTITUTE

LIMITS OF LIABILITY	RATES BASED ON OUTPATIENT VISITS
\$100,000/\$300,000	0.509 first 5,000 visits
	0.407 next 3,000 visits
	0.367 next 8000 visits and over
\$500,000/\$500,000	0.652 first 5,000 visits
	0.521 next 3,000 visits
	0.469 next 8000 visits and over
\$1,000,000/\$1,000,000	0.754 first 5,000 visits
	0.603 next 3,000 visits
	0.543 next 8000 visits and over
\$1,000,000/\$3,000,000	1.240 first 5,000 visits
	0.992 next 3,000 visits
	0.893 next 8000 visits and over

Minimum Policy Premium - \$750 for \$1,000,000/\$1,000,000
\$1,000 for \$1,000,000/\$3,000,000

B. SOCIETIES

LIMITS OF LIABILITY	PREMIUM
\$500,000/\$500,000	345
\$1,000,000/\$1,000,000	530
\$1,000,000/\$3,000,000	796

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IV.	ADDITIONAL COVERAGES	
	ECT - Electroconvulsive Therapy Coverage - An additional charge of 25% Part-Time Psychoanalysts- 50% for psychoanalysts practicing 20 hours or less per week	
V.	ADDITIONAL INSURED CHARGES:	
	Landlord: 20% of the policy premium Corporation with Other Employees: 40% of the policy premium Additional Insured: 20% of the policy premium. Only applies to School/Institute/Society	
VI.	ADMINISTRATIVE HEARING	
	INCREASED LIMITS	RATE
	\$10,000	\$175
	\$25,000	\$500
	\$50,000	\$835
VII.	CORPORATE IDENTITY PROTECTION COVERAGE	
	Increased Limit Option 1:	
	CIP Coverage Sublimit	\$25,000
	a. Personal Identity Liability Sublimit	\$25,000 for all personal identity events
	b. Administrative Action Sublimit	\$25,000 for all administrative expenses
	c. Identity Event Services Sublimit	\$25,000 for all notification costs, crisis expenses and post event services
	CIP Retention	\$500 each personal identity event
	CIP Additional Premium	\$150
	Increased Limit Option 2:	
	CIP Coverage Sublimit	\$50,000
	a. Personal Identity Liability Sublimit	\$50,000 for all personal identity events
	b. Administrative Action Sublimit	\$50,000 for all administrative expenses
	c. Identity Event Services Sublimit	\$50,000 for all notification costs, crisis expenses and post event services
	CIP Retention	\$500 each personal identity event
	CIP Additional Premium	\$300
	Increased Limit Option 3:	
	CIP Coverage Sublimit	\$100,000
	a. Personal Identity Liability Sublimit	\$100,000 for all personal identity events
	b. Administrative Action Sublimit	\$100,000 for all administrative expenses
	c. Identity Event Services Sublimit	\$100,000 for all notification costs, crisis expenses and post event services
	CIP Retention	\$500 each personal identity event
	CIP Additional Premium	\$600
VIII.	Separate Premise Liability	
	Premises Liability Aggregate Limit	\$10,000
	Each Occurrence Limit	\$10,000
	Additional Premium:	\$N/A
	Premises Liability Aggregate Limit	\$1,000,000
	Each Occurrence Limit	\$1,000,000
	Additional Premium:	\$171

Myron Harry
Analyst
State Filings Division
718 250 1771 Telephone
718 250 1779 Facsimile

myron.harry@aig.com



November 15, 2013

Honorable Andrew Boron
Director of Insurance
Illinois Department of Insurance
320 West Washington Street, 4th Floor
Springfield, Illinois 62767-0001
Attn.: Mr. John Gatlin
Assistant Deputy Director
Property & Casualty Compliance Unit

RE: AMERICAN HOME ASSURANCE COMPANY
NAIC # 012-19380 FEIN #13-5124990
COMMERCE AND INDUSTRY INSURANCE COMPANY
NAIC #012-19410 FEIN #13-1938623

Psychoanalysts Professional Liability Program
State Tracking Number: AGNY-129180104
Our Filing Number: CHS-12-EO-03

Dear Mr. Gatlin:

On September 12, 2013 the referenced Companies submitted for your review and approval revised Rates to be used with their Psychoanalysts Professional Liability Program. To date we have not received notification regarding the status of this filing. Therefore, as outlined in Illinois Insurance Code 215 IL CS 215 5/155.18 File and Use Law, please accept this letter as written notification of our intent to implement this filing.

Sincerely,

Myron Harry